



State of Rhode Island

## Department of State - Business Services Division

FILED

OCT 19 2020

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Annual Report for the year: 2020

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|  |       |   |                         |                 |     |
|--|-------|---|-------------------------|-----------------|-----|
| 1. Entity ID Number<br>486295  |       | 2. Exact name of the Limited Liability Company<br>Portsmouth Yacht Refit Center, LLC                              |                         |                 |     |
| 3. NAICS Code<br>541490  |       | 4. Brief description of the character of business conducted in Rhode Island<br>repair, refit and construct yachts |                         |                 |     |
| 5. State of Formation<br>RI  |       |   |                         |                 |     |
| 6. Principal Office Address<br>1 Maritime Dr.  |       | City<br>Portsmouth  | State<br>RI             | Zip<br>02871    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                         |                 |     |
| Contact Name<br>Antonio Rego   |       |   | Contact Title<br>Member |                 |     |
| Street Address<br>1 Maritime Dr.   |       | City<br>Portsmouth  | State<br>RI             | Zip<br>02871    |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |                         |                 |     |
| Manager Name   |       | Manager Name  |                         |                 |     |
| Street Address   |       | Street Address  |                         |                 |     |
| City   | State | Zip   | City                    | State           | Zip |
| Manager Name   |       | Manager Name  |                         |                 |     |
| Street Address   |       | Street Address  |                         |                 |     |
| City   | State | Zip   | City                    | State           | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |   |                         |                 |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |       |   |                         |                 |     |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |       |   |                         |                 |     |
| Name of Authorized Person<br>Antonio Rego  |       |   |                         | Date<br>10-8-20 |     |
| Signature of Authorized Person<br>   |       |   |                         |                 |     |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov